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** CONTINUING DATA ***** This application is a DIV of 09/566,876 05/08/2000 PAT 6,350,583 which is a CIP of 08/926,509 09/09/1997 ABN					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/04/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>AMH</i> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
ADDRESS 23492					
TITLE REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE PROSTATE					
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		